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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/712,481
	Filing Date	November 13,2 003
	First Named Inventor	Scott D. Smith
	Art Unit	3694
	Examiner Name	Jamie H. Swartz
	Attorney Docket Number	218678-00037

To: Commissioner fo P.O. Box 1450	r Patents					
Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the attorneys/agents of record.						
the attornevs/agents (with registration numbers) listed on the attached paper(s), or						
	gents associated with Customer Nur		27160			
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are: Client's lack of response.						
CORRESPONDENCE ADDRESS						
1. The correspondence address is NOT affected by this withdrawal.						
2. Change the correspondence address and direct all future correspondence to:						
The address associated with Customer Number:						
OR						
Firm or Individual Name	Scott D. Smith					
Address	Cain Brothers & Company, LLC 452 Fifth Avenue					
City	New York	State NY		Zip 10018		
Country	United States of America					
Telephone			Email			
Signature Sauvana						
Name John S. Paniag	juas		Registration No.	31,051		
Date Out	17,2008		Telephone No.	312/902-5200		
NOTE: Withdrawal dieffective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for resource or cossible extension period, the request to withdraw is normally disapproved.						

This collection of information is required by \$7 CFR 1.85. The information as required to obtain retain a baseful by the public which is 16 (and by the USF7). This collection of information is required by the collection is a similar to complete. The collection is a similar to be a similar to complete including gathering, preparing, and submitting the completed application from to the USF70. Time will vary depending upon the individual case. Any comments on the amount of the government of complete this form andord suggestations for reducing this burden, should be sent to the Chief Information CVII. Sentent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-1450.